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AND  
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Application Number	10/053,721
Filing Date	1-21-02
First Named Inventor	James P. Dietrich
Art Unit	2841
Examiner Name	Randy W. Gibson
Attorney Docket Number	DIET-003

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
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OR

Firm or  
Individual Name: James P. Dietrich

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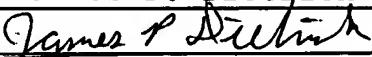
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name: James P. Dietrich

Signature: 

Date: 11-6-02 Telephone: 618 475 9279

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of  forms are submitted.

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